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CONFIRMATION NO. 8554

SERIAL NUMBER 10/785,473	FILING or 371(c) DATE 02/24/2004 RULE	CLASS 705	GROUP ART UNIT 3691	ATTORNEY DOCKET NO. AI 7391 C1	
APPLICANTS James F. Allsup, Belleville, IL; Scott P. Poston, Millstadt, IL; ** CONTINUING DATA ***** This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548 which claims benefit of 60/189,551 03/15/2000 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/15/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GREGORY L JOHNSON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 11	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 10
ADDRESS Polster, Lieder, Woodruff & Lucchesi, L.C. 12412 Powerscourt Dr. Suite 200 St. Louis, MO 63131-3615 UNITED STATES					
TITLE Long term disability overpayment recovery service with interactive client component					
FILING FEE RECEIVED 868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		